

Skin Analysis

Evaluation Form



Name:		Date of Consult:
Address:	DOB:	Age:
Known Allergies:		
Current Medications:		
Previous Skin Care Treatments:		

Skin Analysis

Acne Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	
	<input type="checkbox"/> Grade III	<input type="checkbox"/> Grade IV	
	<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	<input type="checkbox"/> Type II
Fitzpatrick Classification	<input type="checkbox"/> Type IV	<input type="checkbox"/> Type V	<input type="checkbox"/> Type VI
	<input type="checkbox"/> No Wrinkles	<input type="checkbox"/> Wrinkles in Motion	
Lines (Glogan Scale)	<input type="checkbox"/> Wrinkles at Rest	<input type="checkbox"/> Predominantly Wrinkles	
	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> High
Muscle Tone	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> High
Skin Blood Circulation	<input type="checkbox"/> Low	<input type="checkbox"/> Average	<input type="checkbox"/> High
Skin Moisture Content	<input type="checkbox"/> Normal	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Hypersensitive
Skin Sensitivity	<input type="checkbox"/> Normal	<input type="checkbox"/> Dry	
Skin Type	<input type="checkbox"/> Oily	<input type="checkbox"/> Combo	

Skin Disorders/Imperfections (Marked on Diagram)

Acne	A	Open Pores	OP
Asphyxiated	As	Oily	O
Breakout Activity	Br	Papules	Pa
Broken Capillaries	BC	Photo Aging	PA
Comedones	Co	Osoriasis	Ps
Cherry Angioma	CA	Pustules	Pu
Deep Lines	DL	Moles	Mo
Dehydration	De	Sensitivity/Redness	S/R
Dilated Capillaries	D	Rasacea	R
Discoloration	Di	Scars	Sc
Eczema	E	Skin Tags	ST
Fine Lines	FL	Spider Veins	SV
Hyperpigmentation	H+	Sunburn	Su
Hypopigmentation	H-	Telangiectasia	T
Keloids	K	Thin	Th
Milia	Mi	Warts	W



Treatment Chart

Client Name:

Date:

Skin Care Professional:

Type of Treatment:

Notes/Remarks:

Treatment Information

Products Used During Treatment:

Electrical Equipment Used:

Recommended Home Skin Care Products:

	AM	PM
Cleanse		
Exfoliate		
Mask		
Tone		
Serum		
Eyecare		
Moisturizer		
Sun Care		
Special Treatment		

Future Treatment Recommendations:

Additional Advice:

Client Reaction:

Products Purchased: